IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16157 DATE May 7, 1993 TAX MAP NO. 25-7-A-17

OWNER OR CONTRACTOR Spear Construction, Inc. PHONE: Business 704-636-7934 Home 4648-08-6360

ADDRESS ~~XX~~ 607 Anderson Avenue, Salisbury, NC 28144

LOCATION on ~~west~~ north side of Cornelixus road approx. .4 mile west of Judas road

SUBDIVISION Mills Forest BLOCK / SECTION ____ LOT 17 LOT AREA 20,000sq ft SITE CLASS. P L.T.A.R. 0.3

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 825 Date 6/11/95

Pump Tank: ____ Gallons; PT ____ Date ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 x 80 Trench Width 36" Trench Depth 22" Gravel Depth 12"

☐ New System ☑ Repair System Type: I, II, II, IV, V, VI 6 x 67

System Description: gravity conventional

Repair System Description: grav.conv/PPBPS

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3 Garbage Disposal: ☐ Yes ☑ No

☐ Mobile Home No. Bathrooms 2 Auto. Dishwasher: ☑ Yes ☐ No

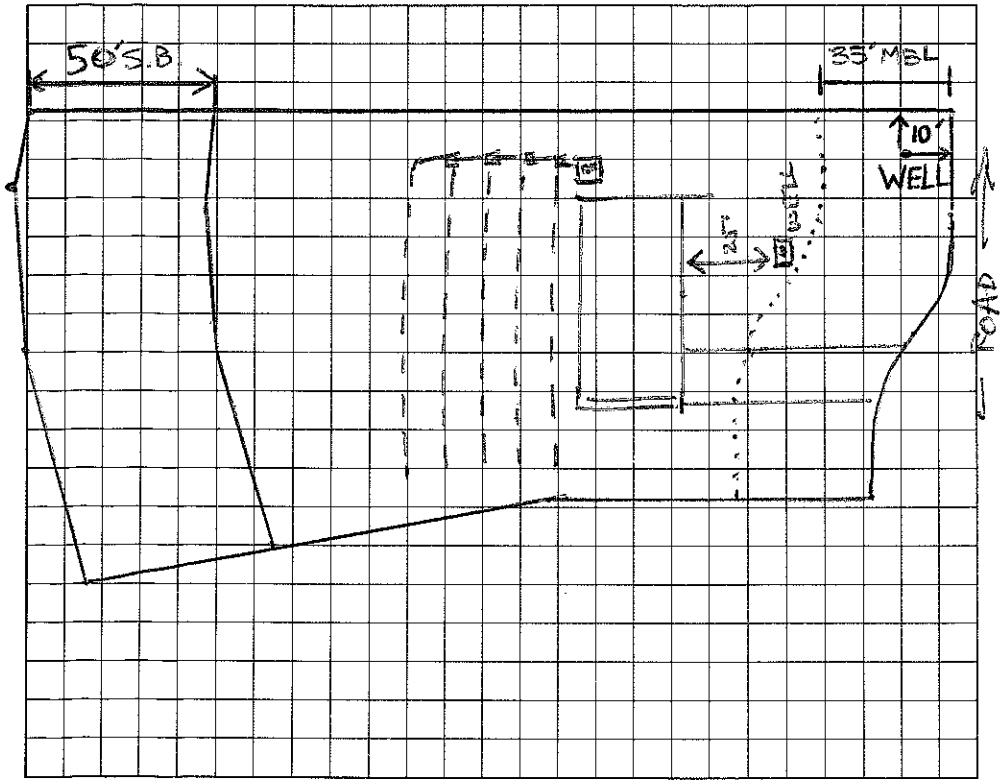
☐ Business No. Employees ____ Auto. Washing Machine: ☑ Yes ☐ No

☐ Other ____ Other ____

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments do not install during wet soil conditions or rain. upslope diversion ditch for roof and surface water runoff must be installed once system is covered. contact dept. prior to beginning excavation for house. ~~xx~~ install on contour

~~INITIAL SITE SKETCH~~ AS BUILT



AS BUILT SKETCH

LAKE NORMAN

I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: ____

Improvement Permit by: ____ date ____

Existing System Inspection by: ____ date ____

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks RS. date 8/3/95

Operation Permit by: ____ date ____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD